

**CONFERENCE OF CIRCUIT COURT CLERKS
CHILD SUPPORT INCENTIVE FUNDS COMMITTEE**

Please use this form to request Project Grants from the Child Support Incentive Funds Committee.

I. Applicant Information

Project Name _____

Submitted By _____

Address _____

Organization Director/CEO _____ Phone _____

Project Director _____ Phone _____

This application has been prepared and submitted by

_____ Name (printed)	_____ Title
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_____ Signature	_____ Date
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II. Project Summary

1. **Project Description:** Please describe below the nature of the project funded by this grant and the types of services provided.

2. Period for Which Funding Requested. Funding is requested for a period of _____ months to commence:

August 1, 2007

Other: _____ , _____

3. **Needs Identification.** How did you identify the need for this program or service? Please refer to any data collected to document that need.

4. **Jurisdiction.** In what jurisdiction(s) will this service be provided? _____

5. **Other Funding Sources.** Is or will this project be supported in part by other funding sources? _____

If YES, please list those funding sources below, describe which aspects of the project will be provided through that additional funding, and the duration of the additional funding.

6. **Participating Organizations.** If this program or service will be a collaborative effort, please list all participating organizations. If this is a program or service that will be provided for a Maryland court by a contractor or private provider other than the organization applying for the grant, please list that contractor or provider.

7. **Effect on Child Support Program.** How does this project improve the effectiveness or efficiency of the Child Support Program?

8. **Evaluation.** How will the project be evaluated?

9. **Funding.** Please indicate below your funding needs for this project over the time period for which funding is being requested.

<i>Description</i>	<i>Project Grant Annual Expenditures</i> <i>A</i>	<i>Project Grant One-Time Costs</i> <i>B</i>	<i>Contributions from Other Sources</i> <i>C</i>	<i>TOTAL Program Costs</i> <i>{A + B - C}</i>
OPERATIONAL EXPENSES				
Personnel (list positions & itemize salary/fringe for each)				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Contracts/Consultants (list each separately)				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Equipment/software (list each separately)				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Printing/Photocopying				
Supplies				
Travel				
Other Direct Costs (specify)				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Indirect Costs/Administrative				
TOTALS				